# 1223116

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL

OMB Number: 3235-0076

Expires: December 31, 1996 Estimated average burden hours per response. . . . 16,00

SEC USE ONLY						
Prefix	1	Serial				
DA	TE RECEIV	ED				

Name of Offering (in thech	if this is an amendment and name has changed, an	d indicate change.)	
Centurion Ca	pital Growth Fund I, LLC		
Filing Under (Check box(es) ti	nat apply): 🗀 Rule 504 🗀 Rule 505 🛣 Rule	506 X Section 4(6) X ULOE	<del></del>
Type of Filing: XXNew Filin	ng 🗇 Amendment		
	A. BASIC IDENTIFICATION DA	NTA	<del></del>
1. Enter the information reque	sted about the issuer		
	this is an amendment and name has changed, and is pital Growth Fund I, LLC	ndicate change.)	
Address of Executive Offices 2702 Abbey C	(Number and Street, City, State, Zip Co Court, Alpharetta, GA 30004	de) Telephone Number (Including Area ( 678-393-9796	Code)
Address of Principal Business (if different from Executive O	Operations (Number and Street, City, State, Zip Co	de) Telephone Number (Including Area (	Code)
Brief Description of Business		SEC. 141-101-11 100	
Securities inv	estment and trading	<b>MAR 1 2 2003</b>	>
Type of Business Organization  Corporation	☐ limited partnership, already formed	Sother (please opecify)	
Dusiness trust	limited partnership, to be formed	Limited Liability Company	ny PROCESSED
Actual or Estimated Date of I		Actual   Estimated	MAR 1 7 2003
Jurisdiction of Incorporation of	or Organization: (Enter two-letter U.S. Postal Service CN for Canada; FN for other foreign	e abbreviation for State: gn jurisdiction)  GA	THOMSON FINANCIAL
			· ·· · · · · · · · · · · · · · · · · ·

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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A. BASIC IDENT	IFICATION DATA		
2. Enter the information requested for the following:			
• Each promoter of the issuer, if the issuer has been organize	d within the past five ver	ars:	
• Each beneficial owner having the power to vote or dispose, of	•	•	or more of a class of aguin
securities of the issuer;			
Each executive officer and director of corporate issuers and o	t corporate general and n	nanaging partne	rs of partnership issuers; and
Each general and managing partner of partnership issuers.			
Check Box(es) that Apply: X Promoter X Beneficial Owner	X Executive Officer	X Director	K General and/or Managing Partner
Full Name (Last name first, if individual)			
Bottoms, James F.	·		
Business or Residence Address (Number and Street, City, State,	Zip Code)		
	004		
			<b>57.</b> Consult on 17
Check Box(es) that Apply:	☐ Executive Officer	☐ Director	■ General and/or Managing Partner
Full Name (Last name first, if individual)			
Centurion Capital Partners, LLC			
Business or Residence Address (Number and Street, City, State,	Zip Code)	······································	
5160 West Jones Bridge Road, Norcross	s, GA 30092		
Check Box(es) that Apply: X Promoter   Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		<del></del>	
Swartz, James D.			
Business or Residence Address (Number and Street, City, State,	Zip Code)		
5731 West Lake Cutler Road, Windermen	•		
Check Box(es) that Apply: X Promoter   Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Vaughan, Lynwood B., Jr.			
Business or Residence Address (Number and Street, City, State,	Zip Code)	······································	
5160 West Jones Bridge Road, Norcross	-		
Check Box(es) that Apply:   Promoter  Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply: □ Promoter □ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first if individual)			Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, 2	7in Code)		
and of residence reduces (reunited and offert, City, State,	Zip Code)		
Check Box(es) that Apply:   Promoter  Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			

Business or Residence Address (Number and Street, City, State, Zip Code)

				B. I	NFORMA	TION AB	OUT OFF	ERING					
1 Has	the iccuer	sold or do	nes the issu	ier intend	to sell to	non-accre	dited inves	tors in thi	s Offering?			Yes	No X
1, 1143	the issuer	3014, 01 40					n 2, if filir		-				43
2 Who	t ic the mi	nimum inv						-				e 100	0,000
2. Wha	t is the im	!!!!!! #!!! ! <b>!!</b> !	estinent n	iat will be	accepted	itoin any i	iidividual:			• • • • • • • • • •			
3. Does	the offeri	ng permit	joint own	ership of a	single un	it?						Yes	No □
sion to be	or similar r listed is a	emuneration associate	on for solided person of	itation of or agent of	purchasers a broker o	in connector dealer r	tion with sa egistered w	ales of secu ith the SE	rities in the C and/or	directly, and offering. with a state ons of suc	If a person or states,	1 ,	
	ealer, you								•		,		
Full Name	(Last nar	ne first, if	individual	)									
N	one										i		
Business o	or Residence	e Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)				-		
Name of	Associated	Broker or	Dealer						<del></del>		i		
								<del></del>					
	Which Pers					-							<b>3.</b>
•													
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ ID ] [MO]	
[ IL ] <sup>*</sup> [MT]	[ IN ] [ NE ]	[ IA ] [NV]	[ KS ] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[ MI ] [OH]	(MN) [OK]	[MS]	[MO]	•
[ RI ]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Business of	or Residence	ce Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)						
Name of .	Associated	Broker or	Dealer		<u></u> ,			<del></del>					
	~												
States in '	Which Per	son Listed	Has Solic	ited or Int	ends to Sc	licit Purch	nasers				<del></del>		
	"All State												States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[1H]	[ID	
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[RI]	[ SC ] e (Last nar	[ SD ]	[TN]	[TX]	[UT]	[ VT ]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR	<u> </u>
1 411 144111	c (Last nai	ne m3t, n	marriaga	.,							÷		
Business of	or Residen	e Address	(Number	and Street	, City, Sta	ate, Zip Co	ode)		····				
Name of	Associated	Broker or	Dealer				·····						
	Which Per											- A11 4	States
[AL]	"All State [AK]	s or chec	:k individu [AR]	al States) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[ HI ]	□ All S	
(IL)	[ IN ]	[ IA ]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	(MO	_
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[ VT ]	[VA]	[WA]	[WV]	[W]	[WY]	[PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
<ol> <li>Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box               ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.</li> </ol>	g,	
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	. \$	\$
Equity	. <b>S</b>	\$
☐ Common ☐ Preferred		
Convertible Securities (including warrants)	٩.	•
Partnership Interests		
Other (Specify Membership Interests)		
Total	n offering # r	~ <del></del>
Answer also in Appendix, Column 3, if filing under ULOE.	a offering I	O Maximum
2. Enter the number of accredited and non-accredited investors who have purchased securities in the offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, ind cate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	i- ir Number	Aggregate Dollar Amount
	Investors	of Purchases
Accredited Investors	•	s <u>-0-</u>
Non-accredited Investors	•	\$ <u> </u>
Total (for filings under Rule 504 only)		s <u>-0-</u>
Answer also in Appendix, Column 4, if filing under ULOE.	:	
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1	or L.	
Type of offering	Type of Security	Dollar Amount Sold
Rule 505	•	'\$
Regulation A		\$
Rule 504		s
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the issuer The information may be given as subject to future contingencies. If the amount of an expenditur is not known, furnish an estimate and check the box to the left of the estimate.	· ·	
Transfer Agent's Fees		s
Printing and Engraving Costs		\$
Legal Fees		ş 7,000
Accounting Fees	p	\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify) Miscellaneous		s 500
Total	i	s 7.500

Total.....

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	JSE (	OF PROCEE	os	
b. Enter the difference between the aggregate offering price given in response to Part C - Q tion 1 and total expenses furnished in response to Part C - Question 4.a. This difference is "adjusted gross proceeds to the issuer."	the		9	492,500
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to used for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed must et the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b about the interpretation of the payments of t	n an qual	Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees	□ \$_		. 🗆 \$	
Purchase of real estate	⊐ <b>\$</b> _		. 🗆 \$	·
Purchase, rental or leasing and installation of machinery and equipment	⊐ \$_		. C s	
Construction or leasing of plant buildings and facilities	□ \$_		. 🗆 \$	
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)				
Repayment of indebtedness				<u> </u>
Working capital				
Other (specify): Investment in securities	□ \$_	492,500	_ 🗆 \$	<u> </u>
	⊒ <b>s</b> _		_ 🗆 \$	
Column Totals	⊃ <b>\$</b> _	492,500	. 🗆 \$	
Total Payments Listed (column totals added)				<del></del>
D. FEDERAL SIGNATURE		· · · · · · · · · · · · · · · · · · ·		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and quest of its staff, the information furnished by the issuer to any non-accredited investor pursu	Exc	hange Commi	ssion, ι	ipon written re
Issuer (Print or Type)  Centurion Capital Growth Fund I,  LLC	· · · · · ·	Date	2/28	/03
Name of Signer (Print or Type)  Title of Signer (Print or Type)		٠.		<u>, , , , , , , , , , , , , , , , , , , </u>
James F. Bottoms Executive Manager				

	E. STATE SIGNATURE	
1. Is any party described in 17 CFR 230.252(c), (d of such rule?		
See App	pendix, Column 5, for state response.	
<ol><li>The undersigned issuer hereby undertakes to furn Form D (17 CFR 239.500) at such times as requ</li></ol>	· · · · · · · · · · · · · · · · · · ·	in which this notice is filed, a notice on
<ol><li>The undersigned issuer hereby undertakes to furnissuer to offerees.</li></ol>	nish to the state administrators, upon writte	en request, information furnished by the
4. The undersigned issuer represents that the issuer limited Offering Exemption (ULOE) of the state of this exemption has the burden of establishing	in which this notice is filed and understand	
The issuer has read this notification and knows the coundersigned duly authorized person.	ontents to be true and has duly caused this	notice to be signed on its behalf by the
Issuer (Print or Type)  Centurion Capital Growth Fund I.  LLC	Signature 7 3 A	Date 2/28/03
Name (Print or Type)	Title (Print or Type)	
James F. Bottoms	Executive Manager	

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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				API	PENDIX					
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)		
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
ΑZ										
AR										
CA										
со										
СТ							:			
DE										
DC										
FL		X	\$10,000,000						X	
GA		х	\$10,000,000						х	
ні							<del></del>			
ID										
IL							:			
IN										
IA										
KS							i			
KY						<u> </u>	:			
LA		<u> </u>								
ME		<del> </del>						<b></b>		
MD	<del> </del>	<u> </u>								
MA	<del> </del>			<del> </del>			\\	1		
MI	<del>                                     </del>	<del> </del>						<del> </del>		
MN									-	
MS	<del> </del> _							<u> </u>	<u> </u>	

				API	PENDIX			<u> </u>	
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Iteml)		amount pur	investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)	
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ						·			
NE									
NV									
NH									
NJ									
NM									
NY									
NC		X	\$10,000,000						Х
ND									
ОН									
ОК									
OR									
PA									
RI									-
SC		X	\$10,000,000						X
SD									
TN	ļ								
TX							·		
UT									-
VT	ļ			-					
VA	<u> </u>								
WA	ļ								
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